

EXHIBIT J

ORIGINAL-WHITE

DUPLICATE-YELLOW
 RECEIPT FOR PAYMENT
 UNITED STATES DISTRICT COURT
 for the
 SOUTHERN DISTRICT OF NEW YORK

TRIPPLICATE-PINK

E583489

RECEIVED FROM

Asian American
 OGCv 4973 (LAP)

510000 \$190.00
 086400 \$100

GRAND TOTAL

\$350.00

| | |
|--------|--------------------------------|
| Fund | |
| 6855XX | Deposit Funds |
| 604700 | Registry Funds |
| | General and Special Funds |
| 508800 | Immigration Fees |
| 085000 | Attorney Admission Fees |
| 086900 | Filing Fees |
| 322340 | Sale of Publications |
| 322350 | Copy Fees |
| 322360 | Miscellaneous Fees |
| 143500 | Interest |
| 322380 | Recoveries of Court Costs |
| 322386 | Restitution to U.S. Government |
| 121000 | Conscience Fund |
| 129900 | Gifts |
| 504100 | Crime Victims Fund |
| 613300 | Unclaimed Monies |
| 510000 | Civil Filing Fee (1/2) |
| 510100 | Registry Fee |

INVOICE # 3333
 DATE/TIME: 6/28/2006 11:16:19 AM
 CASHIER: Marc #10
 STATION: 01

Checks and drafts are accepted subject to col-
 lection and full credit will only be given when the
 check or draft has been accepted by the financial
 institution on which it was drawn.

COMPLAINT 4/06 \$350.00
 086900 \$60.

DATE

20

| | | | |
|------|-------|------|--------|
| Cash | Check | M.O. | Credit |
|------|-------|------|--------|

DEPUTY CLERK:

MQ

(518) 463-4179
 (800) 828-4428
 (518) 463-3752 Fax
 www.servico.com
 14-1638171 Tax I.D. No.

INVOICE**INVOICE #** SP0603387

P.O. 871
 Albany, N.Y. 12201

11142

2129665932

YOUR FILE # _____

DATE 10/4/2006S
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ATTN: Kenneth Kimerling
 Asian American Legal Defense and Educatio
 99 Hudson Street, 12th Floor
 New York, NY 10013-2815

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Kenneth Kimerling
 Asian American Legal Defense and
 Educatio
 99 Hudson Street, 12th Floor
 New York, NY 10013-2815

Yi T. Dong and Ru H. Zhao
 VS
 CCW Fashion Inc., et al
 SERVICE ON : 53 Fashion Inc.
 WE HAVE RECEIVED YOUR PREPAYMENT OF \$60.00 ☐ Check #3525
 SERVICE OF PROCESS
 ADMINISTRATIVE CHARGE
 DISBURSEMENT TO DEPT. OF STATE
 AFFIDAVIT AND RECEIPT NO. 200610020579

PRICE

0.00
 15.00
 5.00
 40.00
 0.00

**- THANK YOU • PAY THIS INVOICE UPON RECEIPT -****\$60.00**
Balance Due

RETURN GREEN COPY OF INVOICE WITH PAYMENT - WRITE INVOICE NUMBER ON ALL PAYMENTS

NOTE: We guarantee our information to be as accurate as REASONABLE CARE can make it. However, the ultimate responsibility for maintaining files rests with the filing officer and/or government agency and we will accept NO LIABILITY beyond the exercise of REASONABLE CARE.

CUSTOMER COPY

"EVERY SERVICE REQUIRED IN ALBANY"

Billor _____